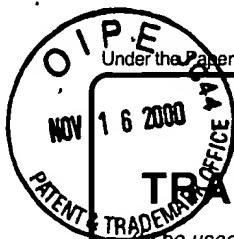


AF  
 2747



## TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application Number	08/936,338
Filing Date	September 24, 1997
First Named Inventor	Richard Joseph Oliver <b>RECEIVED</b>
Group Art Unit	2747 <b>NOV 20 2000</b>
Examiner Name	Clark S. Cheney <b>Technology Center 2600</b>
Attorney Docket Number	080398.P103

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return postcard.	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks			

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN
Signature	
Date	November 13, 2000

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **November 13, 2000**

Typed or printed name	Laura Harmon
Signature	
Date	11/13/00

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NOV. 16 2000

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**FEE TRANSMITTAL**  
**for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

**Complete if Known**

Application Number	08/936,338
Filing Date	09/24/97
First Named Inventor	Richard Joseph Oliver, et al.
Examiner Name	Clark S. Cheney
Group Art Unit	2747
Attorney Docket Number	080398.P103

**METHOD OF PAYMENT** (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account **02-2666**  
Number

Deposit Account **Blakely, Sokoloff, Taylor & Zafman LLP**

Name  
 Charge Any Additional Fee Required  
Under 37CFR 1.16 and 1.17

Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Money  
Order  Other

**FEE CALCULATION** (fees effective 10/01/96)**1. FILING FEE**

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

**SUBTOTAL (1) (\$)****2. EXTRA CLAIM FEES**

Total Claims	17	- 20** =	0	X	18.00	=	\$0.00	Fee from below	Fee Paid
Independent Claims	2	- 3** =	0	X	80.00	=	\$0.00		
Multiple Dependent Claims									

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	270	204	135	Multiple Dependent claim
109	78	209	39	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)**

\*or number previously paid, if greater; For Reissues, see above

0.00

**SUBTOTAL (3) (\$)**

\* Reduced by Basic Filing Fee Paid

**Complete (if applicable)**

Submitted By				Complete (if applicable)
Typed or Printed Name	Thomas M. Coester, Reg. No. 39,637		Reg. Number	
Signature	<i>Thomas Coester</i>	Date	11/13/00	Deposit Account User ID 02-2666

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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NOV 20 2000

Technology Center 2600